HOME HEALTH/PERSONAL CARE (HHPC) MAXIMUM ALLOWABLE FEE SCHEDULE

THIS IS YOUR WISCONSIN MEDICAID MAXIMUM ALLOWABLE FEE SCHEDULE, WHICH IS IN EFFECT AS OF THE DATE OF THIS REPORT. WISCONSIN MEDICAID CERTIFIED PROVIDERS WILL BE REIMBURSED FOR SERVICES PROVIDED TO PROGRAM RECIPIENTS AT THE LOWER OF THEIR USUAL AND CUSTOMARY CHARGE, OR THE MAXIMUM ALLOWABLE FEE.

SERVICES REIMBURSED BASED ON PROVIDER SPECIFIC (CONTRACTED RATES) AND REGIONAL OR SPECIALTY BASED RATES ARE NOT INCLUDED IN THIS FEE SCHEDULE.

NOTE: BADGERCARE PLUS BENCHMARK PLAN MEMBERS WILL BE RESPONSIBLE FOR A \$15.00 CO-PAYMENT PER VISIT.

UNDER THE BADGERCARE PLUS BENCHMARK PLAN, FULL COVERAGE WILL BE PROVIDED FOR 60 HOME HEALTH VISITS PER ENROLLMENT YEAR PER MEMBER. COVERAGE FOR BADGERCARE PLUS BENCHMARK PLAN MEMBERS WILL BE THE SAME AS FOR BADGERCARE PLUS STANDARD PLAN MEMBERS WITH THE EXCEPTION THAT THE FOLLOWING SERVICES WILL NOT BE COVERED: PRIVATE DUTY NURSING AND PERSONAL CARE SERVICES.

THIS REPORT HAS BEEN MODIFIED TO INCLUDE A BENCHMARK COLUMN TO INDICATE WHICH SERVICES ARE COVERED BENFITS FOR BENCHMARK PLAN MEMBERS.

ALTHOUGH THE FEE SCHEDULE DOES NOT ADDRESS THE VARIOUS COVERAGE LIMITATIONS ROUTINELY APPLIED BY WISCONSIN MEDICAID BEFORE FINAL PAYMENT IS DETERMINED (E.G., RECIPIENT AND PROVIDER ELIGIBILITY, BILLING INSTRUCTIONS, FREQUENCY OF SERVICES, THIRD PARTY LIABILITY, COPAYMENT, AGE RESTRICTIONS, PRIOR AUTHORIZATION, ETC.), IT DOES CONTAIN THE FOLLOWING INFORMATION:

PROC/M1/M2/TM

PROC - THE PROCEDURE CODE RECOGNIZED BY WISCONSIN MEDICAID TO IDENTIFY THE SERVICE PROVIDED.

M1/M2 - ONE OR TWO APPLICABLE MODIFIER(S) AFFECTING REIMBURSEMENT AMOUNT.

TM - DESCRIPTIVE MODIFIER USED TO CONVEY INFORMATION FORMERLY CONVEYED BY TOS. NOTE: IN CERTAIN INSTANCES THE MODIFIER LISTED IS BEING USED BOTH TO CONVEY INFORMATION FORMERLY CONVEYED BY TOS AND TO AFFECT THE REIMBURSEMENT AMOUNT. IN THESE INSTANCES THE MODIFIER WILL BE DISPLAYED TWICE, ONCE IN THE M1 OR M2 COLUMN AND ONCE IN THE TM COLUMN, EVEN THOUGH IT WILL ONLY BE BILLED ONCE ON THE CLAIM DETAIL.

DESCRIPTION - AN ABBREVIATED DESCRIPTION OF THE PROCEDURE CODE

PROVIDER TYPE - ALL APPLICABLE PERFORMING PROVIDER TYPES FOR THE PROCEDURE CODE. SEE TABLE I FOR A LISTING OF PROVIDER TYPES APPLICABLE TO THIS SCHEDULE.

PAC - THE PRICING ACTION CODE IDENTIFIES NON-COVERED SERVICES OR THE SOURCE AND METHOD OF PRICING THE PROCEDURE (REFER TO TABLE II).

EFFECT DATE - THE EFFECTIVE DATE OF SERVICE ON OR AFTER WHICH THE MAXIMUM ALLOWABLE FEE APPLIES.

MAX FEE - MAXIMUM ALLOWABLE FEES FOR THE PROCEDURE CODES LISTED. IF A MAX FEE IS NOT INDICATED, USE THE PAC AND TABLE II TO DETERMINE THE REASON (E.G., PAC 220 INDICATES SERVICE NOT COVERED; PAC 21J INDICATES INDIVIDUAL CONSIDERATION, ETC.).

BENCHMARK - INDICATES IF A PROCEDURE CODE IS A COVERED BENEFIT FOR BADGERCARE PLUS MEMBERS ENROLLED IN THE BENCHMARK PLAN.

THIS INFORMATION IS INTENDED TO HELP YOU UNDERSTAND THE WISCONSIN MEDICAID MAXIMUM ALLOWABLE FEE SCHEDULE. IF YOU HAVE QUESTIONS, PLEASE CONTACT WISCONSIN MEDICAID PROVIDER SERVICES AT: (608) 221-9883 OR (800) 947-9627\*

\*WHEN REQUESTING INFORMATION, PLEASE BE SPECIFIC AS TO WHICH PROVIDER TYPE YOU ARE REFERRING (I.E., NURSE SERVICE IS PROVIDER TYPE 33).

## TABLE I PROVIDER TYPES

33 - NURSE SERVICE 44 - Home Health

45 - NURSE PRACTITIONER

48 - HOME HEALTH/PERSONAL CARE DUALLY CERTIFIED PROVIDER

86 - PERSONAL CARE PROVIDER

TABLE II

PRICING ACTION CODES (PAC)

120, 220 - NON-COVERED SERVICE, NOT A WISCONSIN MEDICAID BENEFIT
170, 270 - PAID AT THE LOWER OF THE BILLED AMOUNT OR MAXIMUM

ALLOWABLE FEE ACCORDING TO PROVIDER TYPE

TABLE III MODIFIERS

MODIFIER	DESCRIPTION
TE	LICENSED PRACTICAL NURSE
TD	REGESTERED NURSE
111	CASE COORDINATION

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PROC DESCRIPTION
PROC
     M1 M2 TM PROVIDER TYPE
                                           PAC EFFECT
                                                          MAX FEE
                                                                    BENCH
                                                DATE
                                                                    MARK
92507
     TREATMT OF SPEECH, LANGUAGE, VOICE, COMMUN, &/OR AUDITORY PROCSSING DISORDER; INDIVIDUAL
92507
                                           270 07/01/08
                                                              86.63
                  44 48
                                                                     Υ
97139
      UNLISTED PROCEDURE (SPECIFY)
97139
                  44 48
                                           270 07/01/08
                                                              83.91
                                                                     Υ
97799 UNLISTED PHYSICAL MEDICINE SERVICE OR PROCEDURE
97799
                  44 48
                                           270 07/01/08
                                                              81.73
                                                                     Υ
99504 HOME VISIT FOR PATIENTS RECEIVING MECHANICAL VENTILATOR
99504 TD
                  33 44 45 48
                                           270 07/01/08
                                                              32.69
                                                                      Ν
99504 TE
                  33 44 45 48
                                           270 07/01/08
                                                              21.79
                                                                      Ν
99504 U1
                  33 44 45 48
                                           270 07/01/08
                                                              32.69
99509 HOME VISIT FOR ASSISTANCE W/ACTIVITIES OF DAILY LIVING & PERSONAL CARE
99509
                  48 86
                                           270 07/01/08
                                                              42.18
                                                                     N
99600
      UNLISTED HOME VISIT SERVICE OR PROCEDURE
99600
                  44 45 48
                                           270 07/01/08
                                                              85.54
                                                                     Υ
99600 UNLISTED HOME VISIT SERVICE OR PROCEDURE
99600
                                           270 07/01/08
                                                              85.54
                                                                     Υ
                  33
      HOME VISIT FOR WOUND CARE
s9097
s9097
                  44 45 48 86
                                           220 10/01/04
                                                                      Ν
s9123
      NURSING CARE, IN THE HOME; BY REGISTERED NURSE, PER HOUR
S9123
                  33 44 45 48
                                           270 07/01/08
                                                              32.69
s9124
     NURSING CARE, IN THE HOME; BY LICENSED PRACTICAL NURSE,
                                                             PER HOUR
s9124
                                                              21.79
                  33 44 48
                                           270 07/01/08
T1001 NURSING ASSESSMENT/EVALUATION
                                           270 07/01/08
                                                              85.54 Y
T1001
                  44 48
T1019
                                          INPATIENT, HOSPITAL, NURSING FACILITY, ICF/MR OR IMD
       PERS CARE SVCS, PER 15 MIN, NOT FOR
T1019
                                           270 07/01/08
                                                               4.02
                  44 48 86
                                                                     N
T1021
      HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PER VISIT
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END OF REPORT